

U.S. DEPARTMENT OF ENERGY
**SMALL BUSINESS INNOVATION RESEARCH (SBIR) AND
SMALL BUSINESS TECHNOLOGY TRANSFER (STTR)
GRANT APPLICATION BUDGET**
(Please Print or Type)

FIRM NAME:					
A. PERSONNEL (<i>Employees</i>) <small>NAME</small>	ROLE IN PROJECT Principal Investigator	EST. HOURS	HOURLY RATE	FRINGE BENEFITS	TOTAL COST
B. CONSULTANTS <small>NAME</small>	ROLE IN PROJECT	EST. HOURS	HOURLY RATE		
C. LEASED EQUIPMENT (<i>Specify Time and Rate, or Other Basis</i>) <small>ITEM</small>					
D. PURCHASED EQUIPMENT <small>ITEM</small> <small>AMOUNT</small>					
E. TRAVEL					
F. OTHER DIRECT COSTS 1. Materials and Supplies..... 2. Publication Costs..... 3. Testing Services (Including work at Government Installations)..... 4. Computer Services..... 5. Research Institution..... 6. Other Subcontracts..... 7. Other..... TOTAL OTHER DIRECT COSTS					
G. TOTAL DIRECT COSTS (<i>A through F</i>)					
H. INDIRECT COSTS (<i>Specify Rate and Base</i>) TOTAL INDIRECT COSTS					
I. TOTAL COSTS (<i>G plus H</i>)					
J. FEE OR PROFIT					
Subtotal (<i>I plus J</i>)					
K. APPLICANT'S COST SHARING (<i>If any</i>)					
L. TOTAL AMOUNT OF THIS REQUEST (<i>Item I plus J minus K</i>)					
M. Has any executive agency of the United States Government performed any review of your accounts or records in connection with any other grant or contract within the past year? 9 Yes 9 No. If Yes, give name, address, and phone number of reviewing office and official:					
N. CORPORATE/BUSINESS AUTHORIZED REPRESENTATIVE - TYPED NAME AND SIGNATURE DATE: <div style="text-align: center;">(Signature)</div>					

INSTRUCTIONS FOR COMPLETING APPENDIX C

GENERAL

- a. Each grant application must contain a completed and signed budget form.
- b. If the information requested does not fit in the spaces provided, use an additional page and give it the heading "Budget Explanation Page."

BUDGET LINE ITEMS

The following is a brief outline of the information required:

Lines A and B, Labor: List the key personnel and consultants by name and function or role in the project. Other direct personnel need not be named, but their role, such as "technician," and total hours should be entered. Personnel whose costs are indirect (e.g., administrative personnel) should be included in line H. Fringe benefits can be listed for each employee in the space provided, or they can be included within the indirect costs in line H.

Lines C and D, Equipment: List items costing over \$500 and exceeding 2 years of useful life. Lesser items can be shown in line F.1.

Line E, Travel: Itemize by destination, purpose, period, and cost for both staff and consultants. **Foreign travel is not an appropriate expense.**

Line F, Other Direct Costs: Use a "Budget Explanation page" for entries exceeding \$500, and other items requiring an explanation. If there is substantial collaboration with a research institution (defined in Section 2.8), and the "yes" box was checked on the cover page, list the subcontract for the research institution on line F5. Include any other subcontractor(s) on line F6. On the budget explanation page, identify any equipment, materials and/or supplies that would be purchased by any subcontractor under this grant.

Line G, Total Direct Costs: Enter the sum of items A. through F.

Line H, Indirect Costs: Cite your established Overhead (OH) and General and Administrative (G&A) rate, if any. Otherwise include all indirect costs (e.g., facilities, shared equipment, utilities, property taxes, administrative staff) for the period of the project.

Line I: Enter the total amount of the proposed project.

Line J: Self-explanatory.

Line K: Enter the amount which you or other private sector or non-SBIR/STTR sources are committing to the project. Indicate the source of these funds, either on Line K or on a budget explanation page. For Phase II, this amount, if any, will be used as evidence of commercial potential (referred to in Section 4.3 of the solicitation).

Line L, Total amount of the request: This amount cannot exceed \$100,000 for Phase I or \$750,000 for SBIR Phase II (nominally \$500,000 for STTR Phase II).

Line M, Federal Audit: If DCAA or another Federal agency has audited your accounts in connection with a Federal grant or contract, enter the information requested.

Line N, Corporate/Business Authorized Representative: A signature of someone with the authority to commit the company must be given.

EXAMPLE

DOE F-4620.3

U.S. DEPARTMENT OF ENERGY SMALL BUSINESS INNOVATION RESEARCH (SBIR) AND SMALL BUSINESS TECHNOLOGY TRANSFER (STTR) GRANT APPLICATION BUDGET (Please Print or Type)

FIRM NAME: ACME, Inc.					
A. PERSONNEL (Employees) NAME	ROLE IN PROJECT	EST. HOURS	HOURLY RATE	FRINGE BENEFITS	TOTAL COST
John Doe	Principal Investigator	300	55	1,650 (10%)	18,150
Jane Smith	Physicist	200	45	900 (10%)	9,900
William Gordon	Technician	150	25	375 (10%)	4,125
Susan Phillips	Secretary	50	15	75 (10%)	825
					33,000
B. CONSULTANTS NAME	ROLE IN PROJECT	EST. HOURS	HOURLY RATE		
Felix Conrad	Consultant	100	50		5,000
C. LEASED EQUIPMENT (Specify Time and Rate, or Other Basis) ITEM					
Oscillator 5 months @ 1,000/month					5,000
D. PURCHASED EQUIPMENT ITEM					
Power Supply					10,000
E. TRAVEL 1 trip for P.I. to U. of Science for 3 days.					1,000
F. OTHER DIRECT COSTS					
1. Materials and Supplies.....(see budget explanation).....					2,000
2. Publication Costs.....					
3. Testing Services (Including work at Government Installations).....					
4. Computer Services.....					
5. Research Institution...University of Science \$30,000 (\$7,000 equipment).....					30,000
6. Other Subcontracts.....ABC Testing \$5,000.....					5,000
7. Other.....					
TOTAL OTHER DIRECT COSTS.....					37,000
G. TOTAL DIRECT COSTS (A through F)					91,000
H. INDIRECT COSTS (Specify Rate and Base) OH @ 50% of \$33,000 = \$16,500 G&A @ 10% of \$91,000 = \$9,100 TOTAL INDIRECT COSTS					25,600
I. TOTAL COSTS (G plus H)					116,600
J. FEE OR PROFIT 4%					4,664
Subtotal (I plus J)					121,264
K. APPLICANT'S COST SHARING (If any) Internal funds					21,264
L. TOTAL AMOUNT OF THIS REQUEST (Item I plus J minus K)					100,000
M. Has any executive agency of the United States Government performed any review of your accounts or records in connection with any other grant or contract within the past year? 9 Yes 9 No. If Yes, give name, address, and phone number of reviewing office and official: DCAA, Washington, D.C. Walter Walters (202) 555-4444					
N. CORPORATE/BUSINESS AUTHORIZED REPRESENTATIVE - TYPED NAME AND SIGNATURE DATE: (Signature)					

NOTE: All percentages and/or rates are for illustration purposes only. Also, cost sharing is not a requirement and has no effect on the evaluation of a Phase I grant application. It is included in this example only as an illustration.